

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL DEVICES VISIBLE BY MAGNETIC RESONANCE IMAGING, the specification of which:

☐ is attached hereto.

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I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John J. Gagel, Reg. No. 33,499

Robert C. Nabinger, Reg. No. 33,431

Tu N. Nguyen, Reg. No. 42,934

Sean P. Daley, Reg. No. 40,978

Direct all telephone calls to TU N. NGUYEN at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161

PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: SCOTT R. SMITH

Inventor's Signature: _____

Date: 14 May 2004

Residence Address: _____

Chaska, MN

Citizenship: _____

United States of America

Post Office Address: _____

6950 County Road 10
Chaska, MN 55318

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: STEVEN E. WALAK

Inventor's Signature: _____ Date: _____
Residence Address: Natick, MA
Citizenship: United States of America
Post Office Address: 5 Digren Road
Natick, MA 01760

Full Name of Inventor: LIXIAO WANG

Inventor's Signature: _____ Date: _____
Residence Address: Long Lake, MN
Citizenship: U.S.A.
Post Office Address: 1205 Oakview Road
Long Lake, MN 55356

Full Name of Inventor: JAN WEBER

Inventor's Signature: _____ Date: _____
Residence Address: Maple Grove, MN
Citizenship: Netherlands
Post Office Address: 18112 89th Place North
Maple Grove, MN 55311

Full Name of Inventor: SHENG-PING ZHONG

Inventor's Signature: _____ Date: _____
Residence Address: Northborough, MA
Citizenship: China
Post Office Address: 21 Charina Road
Northborough, MA 01532

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Attorney's Docket No.: 10527-489001
Client's Ref. No.: 03-092

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Full Name of Inventor: STEVEN E. WALAK
Inventor's Signature: Steven E. Walak Date: 5/13/04
Residence Address: Natick, MA
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Post Office Address: 5 Digren Road
Natick, MA 01760

Full Name of Inventor: LIXIAO WANG
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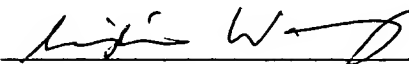
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Natick, MA 01760

Full Name of Inventor: LIXIAO WANG

Inventor's Signature:  _____ Date: 5/18/2004
Residence Address: Long Lake, MN
Citizenship: U.S.A.
Post Office Address: 1205 Oakview Road
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Long Lake, MN 55356

Full Name of Inventor: JAN WEBER

Inventor's Signature: _____ Date: 12-May 2004
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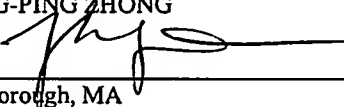
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